LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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PROPOSED REFORMATION OF THE PHENOMENON.

One of the most hopeful signs of the usefulness of the Medical College Convention is the shifting attitude which the Phenomenon is taking in regard to it. Before the Convention met, and after it had published its condemnation of the Phenomenon, tongue could not tell nor pen describe in two journals the utter detestation the Phenomenon had for this body, its aiders, abettors, attendants, indorsers, or followers in the remotest degree. It had not put the Phenomenon on the committee of invitation. It was a farce. It was the miserable abortion of a rival medical school. It was—never mind; the Phenomenon had said all that hate and madness could compress into words when it had declared this much.

The Bobolinks took their flight in June. There was a little flutter in the Roost before they left. The news had come from Philadelphia that they deserved to be tabooed from good society; but as they knew this without being told, and as official condemnation was to be withheld a year, they piped loudly as they homeward flew. Still the practiced ear could detect amidst the chorus a melancholy strain.

The summer passed; and no doubt, as the trappers divided the spring spoils, they feasted, and tried to forget the Convention. In the meanwhile the net was spread wider than ever to catch the fall Ortolans. Alas! as it is hauled in they are not there in accustomed number. The bad men in Philadelphia have gone through the country scaring off the birds. The wicked NEWS, of Louisville, has opened the meshes of the net, and many of those who were in have escaped. A few loony Ortolans, who never could be taught better, ran cheerily before the cords, and here and there were some who discovered the Phenomenon's wiles only when too far plucked to escape the fowler. In other words—for we are going to come down to plain talk right now—the Phenomonon sees failure staring it in the face, and has sense enough (bless your soul! the Phenomenon is no *fool*) to see that it must drop its bluff game. We have already pointed out one or two little reforms which we have forced the singular concern to adopt. It will, however, scarcely be believed—especially as we announce it so suddenly—that the Phenomenon acknowledges the authority and usefulness of the Convention, and proposes to put in an appearance before it next spring!

Now, of course, it would be too much to expect of the Phenomenon that it would go meekly before this representative of outraged sentiment, and acknowledge its transgressions. That is not the sort of penitent the Phenomenon is. It proposes to drop enough of its iniquities to get hearing in the Convention, and then to prefer charges against the "low-fee schools." We repress our inclination even to smile at this coming from the Phenomenon; we are glad that through our humble efforts a great educational sinner is about to put aside or to hide for a time its evil ways, and seek the fold of the Convention.

We know you do n't love us, Phenomenon. It is a part of human nature not to appreciate the true friends who force us into the paths of virtue, though in an angular sort of way. We understand all this; but, if you will let us, we will take you qui-

etly by the hand, introduce you to all the decent folks, and not tell half we know about you.

INGRATITUDE.

It will scarcely be credited by our readers that the demands we made upon the Phenomenon to forsake its crooked ways, and lead a more decent life, should have been replied to in the following classic phrase:

"THE ULTIMATUM OF THE NEWS.

"If a couple of boys armed with urethral syringes were to appear before the garrison of Gibraltar and send in their 'ultimatum,' the act could not be as ludicrous as the 'ultimatum' of the Louisville Medical News addressed (in their last issue) to the Louisville Medical College."

It is respectfully suggested that, in view of the nature of the Gibraltar we are besieging, *rectal* syringes would be "conspicuously" more "appropriate."

PENITENT.

In each of the last three or four numbers of the American Medical Weekly are articles alluding to the Medical School Convention. The Phenomenon's organ hopes that it will crush out the low-fee schools. (It pretends to rank itself among the higher ones.) Every thing in its good time. In the meanwhile the Phenomenon acknowledges the Convention. One involuntarily recalls the refrain in the ancient hymnody,

"Sound the trumpet, blow a blast;
Awful Gardner's come at last."

WILSON the Bogus, the *alter ego* of the Phenomenon's organs, writes again from Cincinnati, not having commenced his tunnel as yet to Philadelphia. Alas! to what straits is the Phenomenon driven! During the seven years, when *unrestrained* it indulged in its mania for criticism, think of it assuming an alias! However, we are glad to see it above ground once in a while, whether it calls itself Wilson or not.

WE reiterate the fact that the gentleman whose business it was to audit the accounts of the Louisville Medical College declared to us that during his term of service NO STUDENT PAID THE $120 FEE. ONE PROMISED TO PAY $60. *He did not know that he did so.* We had leave to publish this matter of history.

Original.

CLINICAL LECTURES.

LECTURE V.—CLINIC FOR DISEASES OF THE SKIN, UNIVERSITY OF LOUISVILLE.

BY L. P. YANDELL, JR., M. D.,
Professor of Therapeutics and Clinical Medicine.

Gentlemen,—Following our classification we come to-day to the *pustulæ*, or pustular affections of the skin. The word *pus* signifies literally putrefied blood. The common designation of pus is matter, which derives its signification from *maturo*, to ripen. A pustule means a *little* collection of matter. In common parlance it is a "mattery pimple." Technically a pustule is a small, roundish elevation of the skin containing pus. It is usually accompanied by pain, often by itching, but may be without either. It may be preceded or attended by constitutional disturbance; it may exist independent of either. It may arise from internal or from external causes. It is common to a majority of dermatoses. It is distinctive of none. For example, we have pustules from scrofula, malaria, syphilis, and from the administration of the bromide and iodide of potash, and they may also be brought forth by liniments, water-dressings, soap, the itch, and indeed any thing so far irritating the skin as to produce the *matured* or *maturing* stage of inflammation. Hence, you observe, we have no maladies deserving to be considered under a strict construction of the term *pustulæ*. There are, however, a number of cutaneous troubles in which the formation of pus is an habitual feature, and these will be spoken of under the title,

Furuncular affections. I beg you will remember the chief use of classifications is for facilitation in learning, and that no perfect classification is possible in the present state of dermatology, and that cutaneous diseases are grouped together in certain classes from their supposed identity of cause or from similarity of appearance or behavior. *Furunculus, anthrax, ecthyma, paronychia, onychia maligna, pustula maligna, hordeolum, erysipelas*—these are the *furunculi.* The manifestations above enumerated are all asthenic—that is, diseases of debility, diseases due to blood-impoverishment. They are reflex creations; they reflect a constitutional morbid condition. In the mirror you see your face reflected, and you recognize it as a picture of yourself. A shadow conveys to your mind the existence of a substance. Just so we often judge by the pictures or shadows on the skin and elsewhere what disease—what morbid cause, what poison—is in the body. Having discovered the cause, we may modify or diminish or remove it according to circumstances. Any agent or circumstance which may bring on the asthenic condition before noted may produce any of the furunculous maladies.

Malaria is by far—immeasurably far—the most prolific source of these diseases. Insufficient food, unwholesome diet, injudicious employment of alcoholic beverages, insufficient exercise, over-work of mind or body—all these are probably capable of producing the condition of the blood which causes *furunculi* to blossom on the skin.

Furunculus, or common boil, stands at the head of this list in point of frequency, and, therefore, is first considered. A glance at the derivation of this name will, I think, convince you of the justness of the classification. *Furunculus* comes from *ferveo*, to be hot, or from *furre*, to be mad, to rage, or from *fur*, a thief. The furuncular diseases are conspicuously remarkable for their hotness, their raging, and their robbing us of sleep. Certainly they deserve all the epithets—hot, raging, thief.

Boils I need scarcely describe to you; you have all seen or had them. They are hard, red, painful, conical swellings, involving first the deeper seated and then the outer layers of the skin, and from a hazelnut to a walnut in size. Pus usually "points" at the top of the cone; and besides the pus a core, consisting of dead, undissolved cellular tissue, is found in the boil. The furunculi may come on the body, in successive crops, in large numbers, or may appear singly or in twos and threes. Opium plasters or strong morphine solutions applied in their incipiency may abort them, and do always decrease pain. Blisters and painting with nitrate of silver are two methods of aborting much commended. I like neither treatment; and the practice of incising the unripe boil is an act equally cruel and useless. Poulticing mitigates pain, and is supposed—though I do not believe it—to expedite suppuration. Poultices promote suppuration where they come in contact with the suppurating surface. This by irritation. On internal and subcutaneous inflammations they conduce to no such result.

Quinine and iron are *the* medicines for boils. Give the quinine in fifteen to twenty-grain doses, daily or every other day, for a week, more or less, and saturate the system with iron. If any sign of periodicity be discoverable in any organ, function, or symptom, give the quinine accordingly. Under this method of medication boils are well-nigh as tractable as the most manageable intermittent fevers. The following preparation of iron I prefer above all others in acute dermatitis of whatever form:

℞ Tinct. citromuriate of iron..... ℥ i;
Simple syrup..... ℥ ij;
Oil of lemon sufficient to flavor. Mix.

Dose, a teaspoonful after meals or every three hours, according to circumstances. This is an elegant and palatable mixture. Tincture of muriate of iron is equally efficacious, but no more potent or reliable, and is far less agreeable. Sulphite of soda in twenty or thirty-grain doses every few hours is infallible—according to Dr. Bulkley, of New York—in curing boils. Piffard regards the syrup of the hypophosphites the best pro-

phylactic in this affection. When "ripe," furuncles should be lanced.

There exists a very widespread and ancient popular error—an error unfortunate in its results, and believed in, I regret to say, by not a few physicians—that boils and carbuncles especially, though the other eruptions are included, are due to too rich food—to oleaginous foods. Such is not only not the truth, but is directly opposed to the truth. All the furuncular maladies are conspicuously benefited by the strongest and richest diet where the digestive powers are capable of managing such aliment. Where digestive derangement exists we can not hope for much improvement in the skin until the erring function is brought into vigorous condition.

Anthrax, or carbuncle, is an exaggerated boil—exaggerated in size, in pain, in discharge, in the associated asthenia. Unlike the boil, it is not conical, but flat and roundish on top, is only slightly elevated above the surface, has several or many openings. Carbuncles are in size from a walnut to an Irish potato, and in depth from half an inch to several inches. They are generally single. They are most frequent and most serious in the aged. They were formerly considered very dangerous. Their fatal tendency was produced, I opine, by the so-called "antiphlogistic" treatment which they received. I have never seen death result from carbuncle. Treatment consists in quinine and iron in free doses, and the most generous diet; opium internally and externally for pain; carbolic acid, iodoform, and other local anæsthetics may be employed advantageously; poultices sometimes diminish and sometimes increase pain. Incisions should be made where the cuticle or deeper tissues seem to bind the carbuncle, or where it impedes the egress of discharge. I have little faith in local measures except to allay pain, and the knife does no good except as above indicated. The word carbuncle comes from the Greek, and signifies a burning coal.

Ecthyma is a slightly elevated pustule as big as the finger-nail, or even as large as a silver quarter. Its pus is thick, tenacious, and not disposed to exude. The pustule has a red, inflamed base. When the cuticle is removed the sore is on a level or below the level of the skin. Ecthyma is a singularly inert eruption. It is associated with a low state of health. I have only seen it in paupers. Thick yellowish and brownish crusts form, and the sores may heal under these or may continue to secrete matter. The eruption is multiple. Ecthyma should be treated as boils are.

Paronychia, or felon, is one of the most exquisitely painful of diseases. The inflammation originates in the skin, in the cellular tissue, or in the periosteum—most often in the skin. Bruises, pricks, scratches, and hurts to the nails are often the exciting causes of felons; but they can not be produced in healthful constitutions; the blood must first be depraved or poisoned by some of the agencies previously spoken of. Malaria is oftenest their predisposing cause. The victims of felons always need quinine and iron in free doses. Opium internally and externally should be allowed freely, if demanded by pain. I have seen blisters act like a charm in this dolorous disease. As to diet and poultices, what was said of the others is applicable here. Incision should be performed according to the situation of the pus. I need not tell you felons arise on the fingers. They are among the most tedious and unsatisfactory, as well as the most painful of the local manifestations of disease.

Onychia maligna is a dull-red, angry, sullen, malignant, cruel disease of the matrix or quick of the nail. Bruises, cuts, or other wounds happening to an ingrowing nail, in a person whose blood is in an impure or impoverished state, produces onychia. Loss of the nail and loss of bone often ensue. The disease lasts indefinitely, if not eradicated by restoring the health and destroying the nail. In not a few cases of onychia I have strongly suspected a strumous state of system, and have gotten good results from syrup of iodide of iron, syrup of hypophos-

phites, and cod-liver oil. Quinine and iron are nearly always demanded; in fact, iron is always indicated. Diet and local treatment are the same as in the previously mentioned furunculi.

Pustula maligna, or malignant pustule, is generally attributed to contact with diseased animals. Workers in hair are said to have it oftenest. It is rare in this country. The cases I have seen had no such origin. I consider it only a local manifestation of a very wretched condition of the blood. It begins as a small boil, or oftener as a blister. Gangrene supervenes. Death from exhaustion often occurs. Its victims should get iron to saturation, quinine freely, and opium in stimulant doses; that is, small doses often repeated. Locally, treat it like the others. Escharotics are often employed to arrest the mortification. I esteem them worse than useless. In this or in any of the furunculi alcohol should be employed to improve appetite and promote digestion, if the symptoms indicate its use. I can not insist too often on the best diet; whatever the patient will take, the richer the better.

Hordeolum, or stye. This is a small but most vaxatiously painful red pustule presenting itself on the edge of the eyelids, commonly about the hair-root. It endures from a few days to two weeks. No disease of its size is comparable to it in painfulness. Local treatment consists in removing the hair or hairs involved in the pustule, and incising the tumor with an exceedingly thin-bladed and sharp lance. Apply anodyne ointment to the sore. Look to the general health, and administer appropriate remedies.

Hordeolum, I am confident, is usually a manifestation of the strumous diathesis. It is certainly most abundant and worse in scrofulous individuals. Popularly the stye is deemed contagious. The belief is erroneous.

Erysipelas. This is a well-known disease, and much dreaded in some of its forms. Literally erysipelas means red-skin, according to Wilson. Others derive it from two Greek words signifying to spread. It is emphatically a *serpiginous* or creeping disease. It is sometimes called St. Anthony's fire, sacred fire, etc. Erysipelas comes on suddenly, sometimes with chill and fever, but often without premonition. It is more usual on the face than elsewhere, but is confined to no locality. It begins as a red splotch or blush, and sometimes arises in an already existing pimple. Its color is bright or deep-red; is dissipated by pressure, but returns instantly on removal of pressure. The disease spreads rapidly. Swelling of the skin occurs, and vesicles appear. Simple œdema is frequent. Inflammation of the cellular tissue, and even gangrene may take place. It is always a very painful disease. Usually it terminates by resolution. The skin then scales off in branny scales, and gradually resumes its normal appearance. The disease lasts from one to three weeks. Erysipelas may be traumatic—that is, from a hurt of some sort—or idiopathic—that is, without such cause. It seems contagious in its traumatic variety. Hebra denominates this disease *dermatitis symptomatica*—that is, a symptomatic inflammation of the skin. Constitutional disturbance is usually marked. Fever, delirium, loss of appetite, and sleeplessness are common. The condition of blood which induces the appearance of erysipelas is often unquestionably the result of malaria; but the other sources of asthenia, combined or singly, may predispose to it. In former days erysipelas was terribly fatal; it is less so at the present time. The so-called "antiphlogistic method" formerly employed in erysipelas was probably the chief source of mortality. The treatments suggested for erysipelas are without number. I shall only give you that which I prefer. Iron stands first, and the prescription given for boils is a capital form for its administration here. Quinine comes next in efficacy. Opium occupies the third rank in usefulness. Nourishing diet is most important. Purgatives, nauseants, and bloodletting are murderous. Disinfectants and antizymotics are eminently *useless*. Nitrate

of silver and iodine applications are worthless, save as *placebos* to gratify the fancy of friends, or to occupy the mind of the patient. Local treatment of any sort only possesses power to enhance comfort. For this purpose anodyne ointments and poultices and hot or cold water may serve a good purpose. Mild cases require no treatment. Some cases defy all remedies. Most cases are tractable under the treatment commended.

I have now given you a brief but, I hope, a clear account of the *furunculi*. Assisted by the plates and models before you, I trust you comprehend the subject.

A NEW REMEDY FOR WAKEFULNESS.

BY JOHN L. COOK, M. D.

Nothing is more disagreeable than to be unable to go to sleep at night when the day's work is done. Sleeplessness is induced by over activity of the brain. In other words, the mind gets into such a current of thought that it will not become quiet when one retires for the night. It refuses to tone down to a state of rest and repose. The person tosses from one side of the bed to the other, and many thoughts come crowding on the mind; the imagination runs high, and plans and schemes chase each other through the brain; but finally, after many hours of restlessness, the individual falls asleep.

Mental effort, be it never so slight, causes waste of the cerebral tissues, and to repair the destruction sufficient blood must enter the cerebral mass for the purposes of renovation. But the continued preoccupation of the mind on one subject, or news of joy or of sorrow, may incite a current of blood to the brain in excess of the necessary requirements for reparation; and in that event too much blood is retained in the organ. So that in wakefulness from too intense application of the mental faculties there is in fact a form of hyperæmia of the brain which is within the range of healthy limits. And if one be examined in this wakeful mood, his pulse will be found to be increased in frequency as well as force—the natural consequence when the central organ of the vascular system is excited beyond the normal state. The respiratory function too will become correspondingly involved, for it is well known there is a mutual relation subsisting between them, which generally is four pulsations of the heart to one respiratory act.

So, if the mind becomes too active, there will be a determination of blood to the head; and in a person whose normal pulse is 72 and respirations 18 per minute, when in a state of insomnia the pulse will perhaps reach 84 or 88, and the respirations will be 21 or 22 in the same period of time.

Being annoyed occasionally with insomnia, after meditating on the subject I have come to the conclusion, basing my views on physiological grounds, that sleep could be induced in the wakeful from over mental work without medication. Appreciating the causes which produce wakefulness, bromide of sodium and veratrum would in all probability bring sleep just as they would in actual diseased conditions. But common sense would dictate that, if by a little observation of physiological laws we can produce the same soothing effect without resorting to therapeutical measures, so much the better for all concerned. From personal experience I am able to say such means are within the reach of all, and, not having seen the idea suggested, I offer it to the profession. So far as I am aware the opinion is original, and I have examined the leading medical works without finding any words of encouragement so far as it has reference to practice.

Now it is well known to medical men that if the chest of a dog be opened so that the heart can be seen in its movements, and then cut the larynx so no oxygen can reach the lungs, the pulsations of the organ become feebler and slower until its motion is barely perceptible. But just then, if a small bellows be applied to the severed larynx and oxygen thrown into the lungs, the heart at once begins to beat with renewed force and power, which continues till its movements appear natural. Then the supply of oxygen

more or less influences the action of the heart. This being true, of course any means which lessens the violence of its movements may produce sleep. The object of this paper is to prove that not only medicinal sedatives will accomplish this end, but the same results can be obtained by imitating nature. It is all very well to use drugs to fulfill this design unless a better plan can be substituted.

Now the remedy with which I propose to calm the system, to lower the pulsations of the heart in insomnia, short of disease, is for one to take *deep and slow inspirations* when thus affected. The natural consequence will be, the heart will become slower and feebler in its action, soon the restlessness gives way to a quiet feeling and sleep follows. By taking deep inspirations, say twelve or fifteen per minute, the active force of the heart is speedily subdued. When this is done less blood is thrown into the brain, and a condition of things is established which favors the promotion of sleep. For example, take one who can not pass readily into his usual slumbers: his respirations are 20 per minute, and the pulse augmented accordingly; therefore, if he be made to breathe 14 times per minute, the heart's force is diminished and a less quantity of blood is driven into the brain. This being done, the sedative effect will be just as successful in many instances as if arterial and cerebral sedatives should be given. In either case the principle is to cut off the supply of blood which now keeps up the excitement of the brain beyond the limits of natural sleep.

Hitherto I have touched upon conditions within what may be termed healthy bounds. But if the theory advanced be correct as to the cause of insomnia and the new method of treatment proposed for its relief, the practice may be turned into good account when the disturbance passes from the physiological to the pathological state. It is true, reference has been made only to slight derangements that will hardly be reckoned as pathological; however, the utility of the remedy presents a wide field for practical application. For, in that event, all morbid processes which cause congestion of the brain, by carefully complying with the rules herein laid down, which lessen the force of the heart, dangers may be averted and life saved.

Apoplexy, a serious malady, one should hope to prevent, if he should know of a threatened attack from premonitory symptoms, by taking very long breaths so as to unload the engorged brain in the manner already described. The same would hold good in convulsions, whether puerperal or otherwise, and also in epilepsy. Therefore, if these propositions be true, long and deep inspirations will be an important factor in the way of preventing diseases which exhibit evidences of too much blood in the brain.

HENDERSON, KY.

Miscellany.

THE ADVANTAGES AND DISADVANTAGES OF CIVIL HOSPITALS.—Dr. W. Gill Wylie, in his essay on "Civil Hospital Construction," to which was awarded the Boylston prize, says: "The objections to civil hospitals as now stated may be said to be—1. As institutions, they tend to weaken the family tie by separating the sick from their homes and their relatives, who are often too ready to relieve themselves of the burden of the sick and helpless of their family. Besides, when one or more of a family are removed, those left at home are in an uncertain state of mind, and in many instances in an unprotected condition. 2. The inmates of pauper hospitals are liable to come in contact with bad influences: familiarity with suffering, unaccompanied by the *occupation* of relieving those who are suffering, ends in hardening the sensibility, especially in the young. 3. Like all public and general charities without the safeguard that personal knowledge affords, hospitals tend to foster idleness and helplessness, and their natural results, pauperism and crime. 4. When badly constructed

or badly managed, they are liable to cause hospital-diseases among the inmates and become centers of infection, thus defeating the very object they are intended to promote. On the other hand, the arguments in favor of civil hospitals are—1. They are a necessity under many circumstances for giving shelter to the sick and helpless, and are supposed to be the most economical method of providing for the sick poor. 2. They are of very great value as affording an opportunity for the comparative study of diseases, and for giving practical instruction in the science of medicine and the art of nursing to the greatest advantage, and thus by helping directly a few individuals indirectly rendering a service of incalculable value to the world. 3. During contagious epidemics they are a ready means of providing for those who are infected, and by their isolation preventing the spread of disease. As a means toward checking the undesirable multiplication of expensive institutions, toward preventing hospitals from breaking up or interfering with the family tie, and at the same time to keep them from engendering pauperism, we suggest—1. Do all that can be done to enlighten the poor to help themselves, and to avoid the causes of disease. 2. Give indirect help by improving the condition of the homes of the poor, by strict laws in regard to the existence and building of all dwelling-houses, manufactories, schools, etc., and in regard to the sale of food. 3. Limit hospital accommodations to those who have no homes, and to those who can not be assisted at their homes."—*Popular Science Monthly.*

A DROP IS NOT A DROP.—Every prescriber knows that a drop is a very indefinite quantity, the size depending on the qualities of the liquid and on the outlines of the surface from which it falls. But few persons fully appreciate the extent of this uncertainty. It is impossible to frame a rule founded on the viscidity or specific gravity of the liquid, or the size and form of the bottle, or any other basis. A table given in Dunglison's "Ready Reference List," the result of experiments by the most distinguished pharmacists in Philadelphia, shows that whilst the minim measure yields smaller drops in general than an ordinary bottle, yet the very reverse is frequently observed. Water gives 64 drops to the dram from a common bottle, and only 46 from the minim measure, being the largest drop in the table except dilute nitric acid, which has but 44. Chloroform, which we believe has the smallest drop of all liquids, is set down at 180 to a dram from a common bottle and 276 from the measure. Acetum opii has 69 drops from the measure and 90 from a bottle, and the common tincture of opium 106 and 147 respectively. On the other hand, glycerin has 85 drops from the measure and only 55 from the bottle, and spirit of niter 148 to 90. The essential oils vary but little, giving about 100 drops, and the tinctures give about 120 drops from the bottle with a drop somewhat larger from the measure. The practical lesson deducible from these premises is, that if a physician would give the sixtieth part of a dram—equivalent to one drop of water—of aromatic sulphuric acid or of spirits of niter, for instance, he must prescribe from 2 to 3 drops, and the same of tincture of opium and a number of other important remedies. In view of the uncertainties above pointed out, is it not time that the drop were abolished from medical prescriptions and the minim universally adopted?—*Pacific Med. and Surg. Journal.*

HIGH ART.—The following is reported to the United States Investigator (Homeopathic) by a California correspondent:

"At a meeting of our board of examiners, under the new medical law, a man presented himself who claimed to have been sixteen years in practice, but who had no diploma. His examination was begun with written questions, and I will give you a few of them and his answers, *verbatim et literatim.* It is needless to say he did not pass.

"*Question.*—What kind of a muscle is the sartorius, and where is it located?

"*Answer.*—Musculas are numarous all over every limbs they are located in every part of the body and are numarous in every limbe.

"*Q.*—Where is the deltoid muscle, and what is its shape?

"*A.*—Elbow musclese are situated in the elbows the muscles run the whole length limbs.

"*Q.*—Where is the gluteus maximus muscle?

"*A.*—The glutinous mus are what we call the fine muscle of stimack and other organs and other organs termed glutinous.

"*Q.*—What is Pott's disease of the spine? Give its varieties and pathology.

"*A.*—Thers a disease turmed Pot diseas it is Called by some a Blood disease have in not seen many cases I use the specifics according to It symptoms.

"*Q.*—What is spina bifida, and when does it occur?

"*A.*—this spinna Disease the spine of the back becomes Crooked in cases that I sea in this country It seems to grow on some persons.

"*Q.*—Is there such a thing as false peritonitis? If so, how would you diagnose it from the true?

"*A.*—theay are Disease Called peritonitis it is very painful their can be no such as Disease a false one.

"These will do for samples. This man says he has lately been converted to Homeopathy. What a shining light he is likely to make on our side of the medical world!"

NITRITE OF AMYL PEARLS.—A New York chemist, Mr. F. A. Reichardt, advertises a method of dispensing nitrite of amyl, which is curious and seems to be convenient. It is thus described: A finely blown glass bulb is filled with a given quantity of the amyl, each two, three, five, and eight drops; the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine. The glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the nitrite of amyl can be administered by the patient himself.

AN epidemic resembling cholera appeared among the cats in Delhi last year. The disease was not known to extend beyond the walls of the city, nor was it confined to any quarter. It gradually declined, and fully disappeared about September 20th, although the cholera did not cease until near the end of November. The number of cats carried off by the disease is estimated at five hundred. The symptoms were in almost every respect identical with those of cholera. Experiments were made with cholera-virus, which was found to communicate an analogous disease to the cats.—*Popular Science Monthly.*

THE October number of the American Journal of Insanity contains a report of the proceedings of the Association of Medical Superintendents at the thirtieth annual session, held in Philadelphia in June last. The report occupies one hundred and sixty-nine pages of the journal, and forms a most valuable contribution to the literature of psychological medicine.

THE bogus Wilson letter from "Chicago," published in a late number of the American Medical Weekly, has been issued in the form of a circular and addressed to many citizens of Louisville. The Phenomenon knows how *not* to sign itself when it talks to home folks.

AN ITEMIZED BILL.—Nélaton was stopped in Paris to restore to their place several feet of the intestines of a wounded man. This man when well called for his bill. He was told that it was 500 francs. Being a merchant, he asked for an itemized bill. Nélaton seized his pen and wrote as follows: "For restoring five feet of intestine at 100 francs a foot—500 francs." The merchant was satisfied, and paid the account.—*The Clinic.*

Selections.

THE TREATMENT OF SCROFULOUS OPHTHALMIA. Mr. H. C. Lawrence (Medical Press and Circular) says: "The marked digestive derangement has benefited from a mercurial purge, followed by a course of non-mercurial aperients until the evacuations become normal; next a plain, nourishing, and unstimulating diet, to which milk contributes largely, is beneficial. Meat should not be given too freely. Most of the patients are ill-nourished when scrofulous ophthalmia manifests itself; partly from poverty, partly from digestive imperfections. To feed these too generously virtually promotes starvation; the fuel becomes excessive for the combustion power of the invalid. Cod-liver oil requires regulation in use. Instead of regarding it as a specific, my own experience has led me to consider it hurtful in some cases. The cases for its use and non-use may be differentiated thus, as Sir William Lawrence and Niemeyer have noted: 1. The 'torpid' constitutions, who are clumsy and thick-set in build, and exhibit a tumid upper lip and enlarged nose, and have abundance of adipose tissue; by these cod-liver oil is not required, and it may prove injurious to them. 2. The 'erethitic,' with slender frame, lack of fat, and accelerated pulse, and over-active nervous system largely benefit from the use of cod-liver oil. These cases have procured for it the name of an anti-scrofulous remedy. (Niemeyer.) The photophobia has been relieved at first by the use of bromide of potassium, and the relief maintained by the administration of quinine. Quinine employed after potassium bromide has appeared more efficacious than when used alone. Relapses of intolerance of light have yielded to similar treatment. Fresh air, and plenty of it, is imperative. Cold shower-baths in summer, sponging with tepid sea-salt water in winter, have proved valuable auxiliaries. For local treatment, a green shade, made like the peak of a rifle-cap, is preferable to one fitting close to the eyes, the latter being injurious. Padding of the eye with cotton wool to prevent friction of the lids appears to me neither necessary nor advantageous; equally good if not better results having followed frequent poppy fomentations instead, allowing free exposure to air, with shade from light. When the acute symptoms have subsided, the utmost possible benefit has ensued upon the use of poppy fomentation used as a douche to the eye, at first warm, then tepid, ultimately cold. The spasm of the orbicularis oculi seems to be much lessened thereby. Counter-irritation in the form of linimentum iodi painted behind the ear is preferable to blistering. Scrofulous constitutions resent blisters, secondary cutaneous eruptions and swelling of the neighboring glands being apt to follow. Frequency of counter-irritation, however, short of producing a breach of skin and glandular enlargement, seems not only indicated, but is found practically to be very useful. Nitrate of silver has proved itself injurious when applied to the conjunctiva in scrofulous ophthalmia, and solution of atropine less useful in allaying irritation temporarily than frequent anodyne fomentation. Atropine should be reserved to insure dilatation of the pupil when necessary. Iron is preferable to quinine in marked anæmia, but I have not sufficient evidence to prove its greater efficacy over quinine in promoting repair and nutrition in ulceration of the cornea, as some authors assert, while quinine exerts a marked effect in lessening the photophobia scrofulosa."

SUBCUTANEOUS OSTEOTOMY.—A correspondent in the Medical Times and Gazette thus describes Mr. Maunder's method in osteotomy: "The patient had disease of the left hip-joint supervening upon fever, and had ended in fibrous anchylosis with the leg at right angles with the trunk. Before commencing the operation an assistant standing in front of the patient drew forward the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter; this spot being selected because it is the highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot, and while the soft tissues are well drawn forward, he inserts a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then before removing the knife introduces the chisel which is also kept at right angles to the axis of the shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onward, inclined somewhat obliquely forward and then backward, so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upward against the inner surface of the thigh, so as to make counter-force to the direction of the penetrating chisel. Finally, the limb is gradually and carefully extended, any small portion of bone which may have escaped the chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied. The chisel—a separate one for each case—used by Mr. Maunder is three eighths of an inch in width at the cutting edge, where it is wider than elsewhere, and three inches and a half long in the shaft. The operation is attended with next to no hemorrhage, and the small wound in the soft tissues through which the chisel has been worked becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backward into their natural position. A minute or two was the time required to complete the division of the bone."

TREATMENT OF UTERINE AFFECTIONS BY HYDROTHERAPY.—Derivaux (*Thèse de Paris*, No. 190), draws the following conclusions upon the employment of cold water in uterine disorders:

1. Hydrotherapy should be regarded as the basis of treatment in both the first and second stages of chronic parenchymatous metritis. With it should be often associated the employment of the actual cautery. It has no direct curative action upon ulcerative folliculitis, but hastens the cicatrization of ulcerations caused by uterine engorgement.

2. Hydrotherapy is a most useful and necessary auxiliary in the treatment of chronic metritis involving the mucous membrane. By revulsion and derivation it overcomes the two most serious symptoms of the disease, viz., metrorrhagia and uterine leucorrhea. Its efficacy in hemorrhage renders it a precious palliative in the gravest affections to which the uterus is liable—fibromata and carcinomata.

3. By its general restorative action and its local tonic effect upon the suspensory ligaments, hydrotherapy is always more or less remedial in hysteroptosis, and relieves its most painful sequelæ. When anteversion is caused by uterine engorgement it procures reposition of the organ. But its action is most feeble in retroversion, and quite *nul* in uterine inflexion.

4. Hydrotherapy constitutes the most efficacious treatment in amenorrhea from constitutional feebleness, and dysmenorrhea from a similar cause. In menorrhagia it takes precedence of all other therapeutic agents, and combats with success congestive and neuralgic dysmenorrheas and the disorders attending the menopause.

5. General and local nervous disorders, and the painful symptoms connected with uterine lesions, disappear under the influence of hydrotherapy even before the material local disorder is profoundly modified. The restoration of the general health is obtained by no medication with as much sureness and rapidity as by cold applications; and it may be added that the most advanced degree of marasmus will not permit us to think of any other therapeutic agent.—*Chicago Journal and Examiner.*

THE WEIGHT OF NEW-BORN CHILDREN.—Dr. E. Ingersley (London Obstet. Jour., March, 1876), from an extended series of researches on the loss of weight in infants, reaches the following results: Every child loses weight during the first days of extra-uterine life. An increase may occur on the first day if the meconium has escaped during birth, or if it has not been discharged before the first weighing, and the child has sucked in the meantime; but this increase is only transient, and the loss of weight shows itself at the second or third weighing. The loss corresponds to one fourteenth to one fifteenth of the body-weight, and is both absolutely and relatively greater in children of primiparæ. It was greater in boys than in girls, but was more rapidly compensated in them. With regard to the original weight of the body, the loss is greater the less developed the child is, and in the same proportion the increase is more delayed; premature children show a corresponding relation. The increase begins, as a rule, on the fourth day. As regards the conditions influencing the loss, no connection can be found between the detachment of the umbilical cord and the commencement of the increase; but the chief importance must be attached to the relation between the egesta and ingesta. About half the loss can be ascribed to the meconium and urine. The remainder of the loss must be applied to a consumption of the child's structure to supply the forces needed to live. The child can not eat enough to compensate for this loss. The consumption of tissue and consequent loss of tissue are a physiological necessity.—*Ext. from Canadian Journal.*

COMPARATIVE RESEARCHES ON MILK.—Langaard has recently made some comparative researches on human milk, and that of the mare and of the cow. He corroborates the statements made by Biedart in regard to the differences between the milk, and especially between the casein, of the cow and that of humankind. Langaard notices that in koumiss the casein exists in the form of extremely fine flocculi. He finds that mare's milk (*stutenmilch*) is of alkaline reaction when fresh, and retains its alkalinity for two or three days, but then passes into an acid fermentation. It does not then, however, like cow's milk, assume a gelatinous form, but the casein separates in small flocculi. Dilute acids precipitate the casein immediately, but it is readily soluble in an excess. In the case of cow's milk the casein falls in dense masses, which do not readily redissolve in an excess. Alcohol and tannin precipitate the casein of mare's milk completely. If the casein be precipitated by alcohol and deprived of fat by ether, it may be obtained in the form of a fine, loose, slightly yellow powder, that resembles the casein of human milk in its solubility in water, dissolving much more easily than the casein of cow's milk. The watery solution is slightly opalescent, foams on being shaken, and has a neutral reaction. The dry casein is digested as rapidly as that of the woman. Langaard suggests that it would answer well as a preserved preparation. *Lancet.*

SECRET CANCER REMEDIES.—Dr. J. L. Horr, of Maine, says (Bost. Med. and Surg. Jour.): "Having without solicitation on my part become possessed of the knowledge of the 'secret remedies' employed by the late Dr. Lombard, the famous 'cancer doctor' of this region, I feel it my privilege, as a member of a

scientific profession that has only for its object the advancement of knowledge and the relief of suffering, to make a simple statement of the remedies and methods which were employed in the so-called 'treatment of cancer.' The remedy employed, if the cancer was small, was the inspissated juice of leaves of the *Phytolacca decandra* (garget), which was applied in the form of a plaster until sloughing took place. The after-treatment was some simple dressing like simple cerate. If the tumor had attained considerable size, Dr. Lombard first used a paste composed of chloride of zinc and pulverized sanguinaria until an eschar was produced, and then the same plaster as before was applied until the mass sloughed away. The knowledge of these remedies was given me by Dr. Lombard himself while I was attending him during his last illness, and a few days before his death."

METHOD OF PREVENTING THE DISCHARGES FROM PASSING BETWEEN THE SKIN AND DRESSINGS.—Dr. C. Pennington, house-surgeon at Bellevue Hospital, New York, has successfully practiced the following method for obviating a common cause of annoyance arising from the passage of the purulent discharge between the skin and dressing in cases where a compound fracture has been placed in a plaster-of-paris bandage or other immovable dressing, and the requisite fenestra made. The method simply consists in causing a piece of oil-silk to adhere to the skin beneath the wound, and by its aid conducting the discharge into any vessel placed to receive it. The oil-silk is secured by first brushing over the skin the ordinary collodion, and then applying the oil-silk, and finishing by applying another coat of collodion on the surface of the oil-silk.—*Lancet.*

INCONTINENCE OF URINE.—Mr. Brenchly writes to the Practitioner that he has seldom seen much good done in the above disease by belladonna, iron, or bromide of potassium, but has met with much success with the following combination of ergot and iron:

℞ Tinct. ergotæ..... *m* x;
Tinct. ferri perchloridi ..... *m* v;
Spt. chloroformi..... *m* v;
Infusi quassiæ..... ad ℥ i.

Ter die sumend.—*Canadian Journal.*

SUNSTROKE AND ALCOHOL.—The necessity of temperance in drink on the part of those whose avocations lead them to be exposed to the sun in hot weather can not be too forcibly urged. Over and over again in India the immunity from sunstroke enjoyed by temperate men has been observed. It may be interesting now to recount Sir Charles Napier's description of his personal seizure while serving in India (as reported in Sir Ronald Martin's excellent work, "The Diseases of Tropical Countries"): "I had hardly," writes Sir Charles, "written the above sentence when I was tumbled over with heat apoplexy. Forty-three others were struck, all Europeans, and all died within three hours except myself. I do not drink. That is the secret. The sun had no ally in liquor in my brain."—*Lancet.*

COMPRESSION OF THE ABDOMINAL AORTA IN POST-PARTUM HEMORRHAGE.—In the *Aerz. Intelligenzblatt* Dr. H. Bekler relates a case in which he successfully employed compression to check violent post-partum hemorrhage. The patient was in an extreme state of collapse (no hemorrhage) when the child was extracted by the forceps. Hemorrhage succeeded the expulsion of the placenta. Cold injections combined with ergot were useless. The patient was utterly helpless and motionless when the hemorrhage became most violent. Only some instantaneous and complete mode of arresting the bleeding could save her life. He determined to try compression of the abdominal aorta, which he had never seen resorted to. It was easily effected, and the artery could be distinctly grasped. The bleeding immediately stopped, but the compression was continued for a quarter of an hour. The other means employed were quite useless, and the compression alone stayed the bleeding.—*The Doctor.*

HOW TO MAKE RAW MEAT PALATABLE.—There is no doubt of the value of raw meat in the treatment of many diseases, but some patients strongly object to its peculiar flavor. A method of making the meat palatable will be hailed with pleasure. The recipe is copied by the Southern Medical Record from the *Industrie Blatter*, and is as follows: Raw meat, 8.7 ounces; shelled sweet almonds, 2.6 ounces; white sugar, 2.8 ounces; shelled bitter almonds, 1.7 ounces. These substances are to be beaten together in a marble mortar to a uniform pulp, and the fibers to be separated by a strainer. The pulp, which has a rosy hue and a very agreeable taste, may be kept for a considerable time in a dry, cool place. Yolk of egg may be added to it. An emulsion may be prepared from it, which may be rendered still more nutritious by the addition of milk. Lailler recommends dried raw meat, 3.5 ounces; sugar, 1.4 ounces; wine, 7 ounces; tincture of cinnamon, 1 ounce.—*Medical Times.*

CHLORAL PLASTER.—For rheumatic pains, neuralgia, etc., use the ordinary emplastrum roborans, and powder it with the chloral. Apply the plaster to the affected part, and leave it from twenty-four to forty-eight hours. When taken off the skin is found studded with vesicles; these are to be pricked with a pin, followed by a dressing with simple ointment. The pain vanishes long before the vesicles are dried up.—*Lancet.*